| Payment received in the Payer's PAYMENT ORDER N | | e Payer's | account | | | | 0401060 |
|---|----------------------|-----------|--------------|------------------|------------|------------------|--------------|
| | | | Date | | Type o | f payment | 01 |
| Indicate an amount in words | | | | | | . , | |
| INN 9909075049 US Embassy | KPP 77386000 | 1 | | Amoun | | | |
| US Ellibassy | | | | Accoun No. | 408078 | 310900500310 | 073 |
| Payer Commercial Bank Citibank | CISC Moscow | | | BIK | 044525 | 5202 | |
| Payer's Bank | Cosc, Moscow | | | Accoun No. | | 310300000000 | 202 |
| Branch 1, Moscow Region | al Department of the | Bank o | of Russia in | BIK | 044583 | 3001 | |
| Moscow 705 | | | | Accoun No. | t | | |
| Receiver's Bank | | | | | | | |
| INN 7703363868 | KPP 7703010 | | Off: | Accoun No. | 401018 | 310800000010 | 041 |
| Federal Treasury Depart Branch of the Pension Fu | | | | No. | | | |
| region) | | | | Type of | | Terms of | |
| | | | | paymen Name o | | Priority of | - 3 |
| | | | | paymen | | payment | |
| Receiver | 45286575000 | ТП | MC 01 20 | Code | 0 | Res. field | D2 |
| 39210202101081011160 {V070010} | 45280575000 | 111 | MC.01.20 |)12 | U | 0 | B3 |
| Federal Fund of Obligatory Purpose of payment | Medical Insurance, l | Reg. No | . MC-38-168 | 22, INN | 9909075049 | (US Embassy | 9) |
| 1 dipose of physicist | Sig | natures | | | I | Notes of the ban | k |
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| Payment received in the Payer' | s bank Debited to | o the Payer's account | | | Γ | 0401060 |
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| PAYMENT ORDER | NO. 2 | | | | L | |
| | | Date | | Type of p | payment | 02 |
| Indicate an amount in words | | | | | | |
| INN 9909075049 US Embassy | KPP 773860 | 001 | Amount | | | |
| US Embassy | | | | | | |
| | | | Account No. | 4080781 | 09005003100 | 73 |
| Payer Citik and | L CICC M | | BIK | 0445353 | 02 | |
| Commercial Bank Citiban | ik CJSC, Moscow | | Account | 0445252 3010181 | 02 0300000000020 | 02 |
| Daviar'a Bank | | | No. | | | |
| Payer's Bank Branch 1, Moscow Region | nal Department of t | he Bank of Russia in | BIK | 0445830 | 01 | |
| Moscow 705 | | | Account | | | |
| | | | No. | | | |
| Receiver's Bank | VDD ##220 | 1001 | Account | 4010101 | 00000000100 | 41 |
| INN 7710326120 Federal Treasury Depart | KPP 77330 ment of the Minist | | | 4010181 | 080000001004 | 4 1 |
| Russian Federation in Mo | | | | | | |
| in Moscow) | | | Type of payment | 01 | Terms of payment | |
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| Receiver | | | Payment Code | | payment Res. field | |
| 18210102010011000110 | 45286575000 | TΠ MC.01.2 | | 0 | 0 | НС |
| {V070010} Income tax, INN 99090750 | 49 (US Embassy) | | | | | |
| Purpose of payment | | | | | | |
| | | Signatures | | No | otes of the bank | |
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| Payment received in the Payer's bank PAYMENT ORDER NO. | | e Payer's | account | | | | 0401060 |
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| Indicate an amount in words | | | | | | | |
| INN 9909075049 US Embassy | KPP 773860001 | | | Amount | | | |
| OS Eliibassy | | | | | | | |
| P | | | | Account No. | 408078 | 10900500310 | 073 |
| Payer Commercial Bank Citibank CJ | SC. Moscow | | | BIK | 044525 | 202 | |
| | , | | | Account | _ | 103000000000 | 202 |
| Payer's Bank | | | | No. | | | |
| Branch 1, Moscow Regional D | epartment of the | Bank o | f Russia in | BIK | 044583 | 001 | |
| Moscow 705 | | | | Account No. | | | |
| | | | | NO. | | | |
| Receiver's Bank | | | | | 404040 | 10000000000 | |
| INN 7703363868 Federal Treasury Department | KPP 77030100 | | Office | Account No. | 401018 | 10800000010 | 041 |
| Branch of the Pension Fund | | | | 110. | | | |
| region) | | | | Type of | 01 | Terms of | |
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| Receiver 39210202020061000160 452 | 286575000 | ТП | MC.01.20 | Code | 0 | Res. field | B3 |
| {V070010} | 2005/5000 | 111 | WIC.01.20 |)12 | U | U | ВЭ |
| Pension Fund of Russia (funded | l component), Reg | . No. 08 | 37-121-0800 4 | 14, INN 99 | 909075049 (1 | US Embassy) | |
| <u> </u> | Sign | natures | | | N | lotes of the bank | k |
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| Payment received in the Payer's PAYMENT ORDER N | | ne Payer's | s account | | | | | 0401060 |
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| Indicate an amount in words | | | | | | | | |
| INN 9909075049 | KPP 77386000 | 1 | | Amou | nt | | | |
| US Embassy | | | | | | | | |
| Payer | | | | Accou No. | nt | 4080781 | 09005003100 | 073 |
| Commercial Bank Citibank | CJSC, Moscow | | | BIK | | 0445252 | 202 | |
| | | | | Accou | nt | 3010181 | .0300000000 | 202 |
| Payer's Bank | | | | No. | | | | |
| Branch 1, Moscow Region | al Department of the | Bank o | of Russia in | BIK | | 0445830 | 001 | |
| Moscow 705 | | | | Accou No. | nt | | | |
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| Receiver's Bank | 17DD ##03010 | 0.1 | | A | | 4040404 | 0000000010 | . 44 |
| INN 7703363868 Federal Treasury Depart | KPP 7703010 | | n Office – | Accou No. | nt | 4010181 | .08000000100 |)41 |
| Branch of the Pension Fu | | | | 110. | | | | |
| region) | | | | Type | | 01 | Terms of | |
| | | | | Payme Name | | | Priority of | 3 |
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| Receiver | 45397575000 | тп | MC 01 20 | Code | : | Δ. | Res. field | D2 |
| 39210202010061000160 {V070010} | 45286575000 | ТΠ | MC.01.20 |)12 | | 0 | 0 | B3 |
| Pension Fund of Russia (ins | surance component), | Reg. No | . 087-121-080 | 0044, IN | IN 99(| 09075049 | (US Embass | sy) |
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| Payment received in the Payer's b | pank Debited to the | e Payer's ac | ecount | | | ſ | 0401060 |
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| PAYMENT ORDER NO | 0.5 | | | | | [| 0401060 |
| Indicate an amount in words | | | Date | | Type of I | payment | 08 |
| INN 9909075049 US Embassy | KPP 77386000 | 1 | | Amount | | | |
| Payer | | | | Account No. | 4080781 | 09005003100 | 73 |
| Commercial Bank Citibank | CJSC, Moscow | | | BIK Account No. | 0445252 3010181 | 02 03000000002 | 02 |
| Payer's Bank Branch 1, Moscow Regional Moscow | Department of the | Bank of | Russia in | BIK Account No. | 0445830 | 01 | |
| Receiver's Bank INN 7710030933 Federal Treasury Departme Regional Office of the Soc | | Office - | | Account No. | 4010181 | 08000000100 | 41 |
| Federation) | | . 02 0.20 | | Type of payment Name of payment Code | 01 | Terms of payment Priority of payment Res. field | 3 |
| | 45286575000 | ТΠ | MC.01.20 | | 0 | 0 | В3 |
| {V070010} Social Insurance Fund, Reg. Purpose of payment | | N 9909075 | 5049 (US E | (mbassy) | No | otes of the bank | |
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| Payment received in the Payer's | | e Payer's | account | | | | | 0401060 |
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| PAYMENT ORDER N | O. 6 | | | | | | | 08 |
| | | | Date | | | Type of p | payment | 00 |
| Indicate an amount in words | | | | | | | | |
| INN 9909075049 | KPP 77386000 | 1 | | Amou | nt | | | |
| US Embassy | | | | | | | | |
| Donne | | | | Accou No. | nt | 4080781 | 09005003100 | 73 |
| Payer Commercial Bank Citibank | c CJSC, Moscow | | | BIK | | 0445252 | 02 | |
| | | | | Accou | | | 03000000002 | 02 |
| Payer's Bank | | | | No. | | | | |
| Branch 1, Moscow Region | al Department of the | Bank o | f Russia in | BIK | | 0445830 | 01 | |
| Moscow | | | | Accou | nt | | | |
| | | | | NO. | | | | |
| Receiver's Bank | <u> </u> | | | | | | | |
| INN 7710030933 Federal Treasury Departm | KPP 77070100 | | Mosaow | Accou | nt | 4010181 | 08000000100 | 41 |
| Regional Office of the S | | | | 110. | | | | |
| Federation) | | | | Type | | 01 | Terms of | |
| | | | | payme Name | | | Priority of | 3 |
| | | | | payme | - | | payment | 3 |
| Receiver | 450000000 | | 35004.00 | Code | | | Res. field | 1 72 |
| 39310202050071000160 {V070010} | 45286575000 | ТΠ | MC.01.20 |)12 | | 0 | 0 | В3 |
| Social Insurance Fund – tra | aumatism (0.4%), Reg | s. No. 77 | 30004971, IN | NN 990 | 907504 | 19 (US E1 | mbassy) | |
| Purpose of payment | | | | | | | 0.5.5. | |
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Appendix 1 To Order of the Ministry of Health and Social Development of Russia dated 28.02.2011 No. 156H

To be submitted before or on 15th day of a calendar month,

| following the reporting period, to a territorial office of the Russian Federation Social Insurance Fund | | | | | | | | | | | | | | | | | | | | | | | | For | m-4 | SIF F | ₹F |
|--|-----------------|----------|----------|------------------------------------|--------|--------------|---------|--------------|----------------|----------|--------|-------------------|-------|-------|-------|-------------------------|--------|------|------|-----------|---------|--------|----------|-----|----------|-------|--------|
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| Subordination code | | | | | | | | | | | | | | | | | | | | | | | | _ | | | |
| of accrued and paid insur maternity, and obligatory | | nsur | ance | | ob- | obli rela | ited i | ry s inju | socia uries | al in | d oc | cup | atio | nal | | | | | | | | | | | | | |
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| KPP | | | | | | | | | | | Co | ode a | ccor | ding | to C | OKPO |) | | | | | | | | | | |
| OGRN (general state registration number) (OGRNIP- general state registration number of an individual | | | | | | | | | | | Co | ode a | ccor | ding | to C | OKOF | PF | | | | | | | | | | |
| entrepreneur) Contact phone | | | | | | | | | | | Co | ode a | ccor | ding | to C | OKFS | 6 | | | | | | | | | | |
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| Average number of employees including: | | | | | | | | | | | Ca | alcula | tion | is is | sue | d on | | | | | 0 | 1 | 0 | pag | es | | |
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| working invalids | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| employees working in hazardous and (or) harmful environment | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Аррелdіх to Order of the Ministry of Health and Social Development of Russia dated November 12, 2009 No. 894н

To be compiled and submitted on a quarterly basis (progressive total) before or on 15th day of a calendar month, following the reporting period, to a territorial office of the Russian Federation Pension Fund (further – PFR) in the place of registration

| | | | | | | | | | | | | | | | | | | F | orm P | CB-1 | PFR |
|--|-----------|----------|-----------|--------------|---------|------------|----------|---------|---------|----------|---------|---------|-----------|------------|----------|----------|-------------------|------------|-----------|------|-----|
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| of accrued and paid insu Federation, insurance for | | | | | | | | | | | | | | | | | | | | | |
| Insurance* and territorial | fund | ds of | f obli | gatory | y me | dical | ins | uraı | nce* | * by | ра | yers | of in | | | | | | | | |
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| | (full na | ame of | an orgar | nization, ir | ndepend | dent unit | / full n | ame, i | ndividu | al entre | epren | eur, in | dividual) | | | | | | | | |
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| of obligatory medical insurance) | 廿 | | | \pm | | | | | Co | do oo | oor/ | ding to | OKVE | .n. [| | | | | | | |
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| general state registration number of an individual entrepreneur) | | | | | | | | _ | | | | | | | | | | | | | |
| Contact phone | Ш | | | | | | | _ | Co | de ac | cord | ding to | OKFS | ; <u>[</u> | | | | | | | |
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| 2 – authorized repre | senta | tive of | an insi | urant | | | | | | | | | | | | | | | | | |
| (surname, nam | e. patro | nvmic) | | | | | | | | | | | | | | | on | | | pag | es |
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| Power of Attorney issue | ed to a | a repre | sentati | ve | | | | | | | D | ate of | calcula | ation** | * |]. | |] . | | | |
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| | - | | | | | | | <u></u> | | | (| Full na | me) | | | | | (5 | Signature |) | |

^{*} further — FFOMS
** further — TFOMS
** contents, if sent by e-mail — date of sending as recorded by a transport (postal) server of a certification center

| Form A | ДВ-6-2 | Code acco | rding to OKUD | | | | | | | Code according to OKPO |
|---|--|---|---|-----|-------------------|--|----------------|------------------------|------|-----------------------------|
| PFR re Name (INN Reporti 1 quarte Reporti | t's details: gistration numbershort) ng period: er 6 months 9 months upar period 2010: 6 months year information: | KPP | | | MATION to I | | al packages of | documents | | ents |
| No. | Code of insured's category | Amount of insurance insurance component pension | | | ount of insurance | e fees paid for funded ment pension | Number of i | nsurants | File | name (registry number) |
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Exhibit K

| Form C3B-6-1 | Code according to OKUD | Code according to OKPO | |
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INFORMATION ON ACCRUED AND PAID INSURANCE FEES FOR OBLIGATORY PENSION INSURANCE AND INSURANT'S PENSIONABLE SERVICE

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| Insu | rant's details: | | | | | | | |
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| INN | | F | KPP | | | | | |
| Cod | e of insured's ca | tegory | | | | | | |
| Date | of submission t | o PFR "" | | | | | | |
| Rep | orting period: | | | | | | | |
| 1 qu | arter 6 m | onths 9 m | onths yea | r: | Calendar year | | | |
| Rep | orting period 20 | 10: 6 months | year: | | | | | |
| Тур | e of information | : original | | | | | | |
| | - correction | for reporting p | eriod: 1 quarte | r 6 mon | ths 9 mon | ths year: | | |
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| Info | rmation on ins | | | | | | | |
| Sı | ırname, name, | Insurance number | | ling information on | Amount of insura | | Amount of insurance | |
| | patronymic | | status of individu | al personal account | insurance compoi pen | | component of ret | tirement pension |
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| Peri | od of work for | the past three me | onths (six mont | hs in 2010) of a | reporting period | : | | |
| No. | Start of period | End of period | Region specific | Specific labor | Estimate of pen | sionable service | | ninary assignment of |
| | from (day/month/year) | through (day/month/year) | conditions (code) | conditions (code) | reason (code) | additional | retiremen reason (code) | additional |
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| Code | according | OVDO | |
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| Couc | according | o oki o | |

REGISTRY

ON INFORMATION ON ACCRUED AND PAID INSURANCE FEES FOR OBLIGATORY PENSION INSURANCE AND INSURANT'S PENSIONABLE SERVICE

| Details of insurant submitting the registry: PFR registration number INN KPP Name of organization (short) Code of insured's category Date of submission to PFR "" Type of information: - original | | | | - | Calendar yearReporting period 2010 | : 6 months year | 9 months yes | | |
|---|----------------------------------|---|---------------------------------|--|------------------------------------|-----------------------|--------------|--------------------------|-----------------------------|
| - correction - cancellation For reporting period: 1 quarter 6 months 9 months 9 | | | | | Calendar year | | | | |
| | | | Insurance fees for the past thi | ree months (six montl | hs in 2010) of a report | ing period by each in | surant | | |
| No. Insurant's full name Insurance number of an individual personal information on status of | | Amount of insurance fees paid for insurance component of retirement pension | | Amount of insurance fees paid for funded component of retirement pension | | Employment period | | | |
| | | account | individual personal account | Accrued | Paid | Accrued | Paid | from (day/month/year) | through (day/month/year) |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | |
| Total : | Total according to the registry: | | | | | | | | |
| | | | | | • | | | | ' |

Chief's position Signature Print name

Date Stamp here

Exhibit K,

| Form АДВ-6-4 |
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| Code according | to OKPO | |

List of documents containing information on amounts

| List (| or documents containing information on an | tounts | | | | | |
|--|--|--|--|--|--|--|--|
| of fees and other considerations, insurance fees accrued | | | | | | | |
| by payers | of insurance fees - insurants in favor of an $% \left\{ \left(1\right) \right\} =\left\{ \left(1\right)$ | individual | | | | | |
| Details of payer of insurance fees - insurant: | | | | | | | |
| Registration number in PFR | | Type of information: | | | | | |
| Name (short) | | original | | | | | |
| INN | KPP | corrections | | | | | |
| Code of insured's category | | - cancellation | | | | | |
| Contract (type of contract) with insured: | | | | | | | |
| Employment contract | | | | | | | |
| - Civil law contract | | | | | | | |
| Reporting period: year | | | | | | | |
| Notes: | | | | | | | |
| | | | | | | | |
| Description of incoming docu | | ber of documents in a package | | | | | |
| Information on amount of fees and other consider | | | | | | | |
| insurance fees - insurants in favor of an individual | (Form C3B-6-3) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| To be completed for a package of documents acco | mpanied by documents in electronic form: | | | | | | |
| Number of a package of documents assigned by an | n incurant | | | | | | |
| Number of a package of documents in the territoric | | . | | | | | |
| 1 0 | Number/year | | | | | | |
| | | | | | | | |
| | Information on amount of t | ees and other considerations | | | | | |
| | Amount of fees and other considerations | | | | | | |
| | accrued in favor of an individual | including: insurance fees accrued for obligatory pension insurance | | | | | |
| Total amount accrued | accided in Artor or an individual | pension mountaine | | | | | |
| | <u> </u> | 1 | | | | | |
| | | | | | | | |
| Chief's position | Signature | Print name | | | | | |
| • | C | | | | | | |
| Date Sta | amp here | | | | | | |

Date

| Form C3B-6-3 | Code according to OKUD | |
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| Code according to OKPO | |
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INFORMATION ON THE AMOUNT OF FEES AND OTHER CONSIDERATIONS, INSURANCE FEES ACCRUED BY PAYERS OF INSURANCE FEES - INSURANTS IN FAVOR OF AN INDIVIDUAL

| Surname | | Type of information: |
|----------------------------|---|--|
| | | original |
| Patronymic | | - corrections |
| Insurance number | | - cancellation |
| Reporting period: year | r | |
| Code of insured's cate | gory | |
| Contract (type of contract | | |
| - Employment co | | |
| | | |
| - Civil law contra | act | |
| Information on paye | r of insurance fees - insurant: | |
| Registration number in | n PFR | |
| | KPP | |
| Name of organization | (short) | |
| Information on amou | ant of fees and other considerations | |
| Month | Amount of fees and other considerations accrued in favor of an individual | Including: insurance fees accrued for obligatory pension insurance |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |
| Total | | |
| Chief's position | Signatu | are Print name |

| Compan | y: US Emba | ssy | | | | | | | |
|----------|---------------|--------------------|-------------|--------------|------------------------|--------------------|---------------------------------|----------------------|------------------------|
| Desired. | 1 | 1 . D 00 | 44 | | | | | | |
| Perioa: | January 201 | 1 – December 20 | 11 | | | | | | |
| Withhole | dings applica | able to various c | ategories o | of employees | | | | | |
| | • | | | , , | | | | | |
| No. | Year of birth | Employee number | City | Full name | Construction privilege | Personal deduction | Child- related privileges | Special privilege | Chernobyl privilege |
| | | | | | | | | | |
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| | | | | TOTAL | | | | | |

REGISTRY OF INFORMATION ON PERSONAL INCOME FOR 2011

| | in | | | | - |
|-------------------------------|--|-------------|------------------------|------------------------------|--------------------------------|
| Tax agen | ıt: | | | | |
| INN/KPF | of tax agent: | | | | |
| Sender: 0 | Occupation | | Full name | | |
| Number | of submitted documents (Certificate of | income): | | | |
| SUBMI | TTED DOCUMENTS: | | | | |
| No. of certi- ficate | Full name | Tax rate | Total amount of income | Total amount of tax computed | Total amount of tax witholding |
| | | | | | |
| Total: | | | | | |
| Signature | e of tax agent | | | | |
| | Stamp here | | | | |
| Date of s | ubmission to tax authority | | | | |
| Date of a | cceptance by tax authority | | | | |
| Signature | e of an officer of tax authority | | | | |

Appendix 1 Approved by the Order of the Federal Tax Service of Russia dd. 17/11/2010 No. MMB-7-3/611@

2-NDFL Form
Form Code as per KND 1151078

| | | | | | | | | | Form | Code as per K | ND 1151078 |
|-------------|--------------------------------------|-------------|-----------|------------------|---------------------------------|------------|----------------|---------------------|-----------------|---------------|------------|
| INFORM | IATION ON IN | NDIVID | TIAT 2S | INCOME for | r the year 20 | No d | ld | attril | oute | | |
| INFORM | IATION ON II | (DI VID | UAL S | INCOME IO | tile year 20 | _ 140 u | .u | _ attin | Jule | | |
| | ation on the ta | | | | | in the Fed | leral Tax Serv | vice Inspection (co | ode) | | |
| | idual Tax Numb | | | | ganization | | | | , | | |
| | ual Tax Numbe | | | | ne, patronymic | of the ind | lividual | | / | | |
| 1.2. Ivanic | of the organiza | ition / 1 a | anning in | ame, given nai | ne, patronymie | or the me | iividuai | | | | |
| 1.3. OKA | | - | | | | 1.4. Pho | ne Number | () | | | |
| | ation on the in | | l - inco | me receiver | 2.2 Familian | | | | | | |
| | idual Tax Numb ayer's status | oer | | 2.4 | 2.2. Family na Date of birth | ame, give | n name, patro | onymic 2.5 C | itizenship (cou | ntry codo) | |
| | cument code | | _ | 2.4. | Date of offul | 2.7. Doci | ıment numbe | r and series | mzensinp (cou | iii y code) | |
| | ence address in | the Rus | sian Fe | deration: | | postal | | | re | gion code | |
| district | | | | | city | _ | location | | | | |
| street | | C | | | no. | | section | | apart | ment | |
| | ess in the count e tax at the rat | - | idence: | - | | | Addre | ess | | | |
| Month | Income | | ome | Deduction | Deduction | n | Month | Income Code | Income | Deduction | Deduction |
| | Code | | ount | Code | Amount | | | | Amount | Code | Amount |
| | | | | | | | | | | | |
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| | rd, Social and of deductions th | | | | | | | | | | |
| Deduction | | | | ction Code | Deduction Su | ım | Deduction | Deduction Su | m De | duction | Deduction |
| Code | Sum | | | | | | Code | | | Code | Sum |
| | | | | | | | | | | | |
| 12 No. | of document cor | , firmin a | nronom | tr. roloted tor | laduation | | | | | | |
| | confirmation wa | C | | iy-ieiaieu iax c | | 4.4 Code | of the tax au | thority issuing the | confirmation | | |
| | | | - | | | | | | | _ | |
| | | | income | tax at the clo | se of the taxab | le period | | | | | |
| | amount of inco | | | | | | | | | | |
| | taxable amount assessed tax an | | | | | | | | | | |
| | ant of tax withh | | | | | | | | | | |
| | unt of tax transf | | | | | | | | | | |
| | int of tax overw | | | | | | | | | | |
| 5.7. Amou | ant of tax not w | ithheld b | y the ta | x agent | | | | | | | |
| | | | | | | | | | | | |
| Tax Agen | t | | | | | | | <u> </u> | | | |
| | - | | (positio | on) | | (sig | gnature) | (f | amily name, gi | ven name, pat | ronymic) |
| | Stamp here | | | | | | | | | | |

^{*} Clause to be filled out in relation to tax amounts assessed from income received since 2011.

| 1110 0188 | INN Pa | ge | Appendix to the Order of the Federal Internal Revenue Service of the Russian Federation dated 29.03.2007 No. MM-3-25/174@ | | | | |
|--|--|--|---|--|--|--|--|
| | | | Form according to KND 1110018 | | | | |
| Information on average number of employees for the previous calendar year | | | | | | | |
| To be submitted to | (tax autho | prity) | Code | | | | |
| (full name of organization / surname, name, patronymic of an individual entrepreneur) | | | | | | | |
| Average number of employees as of = = (day/month/year)* | | | | | | | |
| is equal to | employees | | | | | | |
| * In the event of submission of information on average number of employees for the previous calendar year, specify 1st of January of a current year, in case of establishment (reorganization) of an organization, specify the first day of a month following a month in which an organization is established (reorganized). | | | | | | | |
| I do confirm authent information present | icity and completeness of ed: | To be filled in by an | officer of a tax authority | | | | |
| For organization Director Signature Stamp here | | Date of submission Registration number | | | | | |
| For individual entre | oreneur | (Surname, initials) | (signature) | | | | |
| Signature | | | | | | | |
| Representative | | | | | | | |
| SignatureStamp here | | | | | | | |
| (accument confirming por | wers of a representative, copy of such document is attached) | | | | | | |
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Appendix 2

To the Procedure for approval of the main economic activity of an insurant under obligatory social insurance plan in respect of jobrelated injuries and occupational diseases – legal entity, and types of economic activities of subdivisions of an insurant, which are independent classification units, as approved by the Order of the Ministry of Health and Social Development of Russia dated January 31, 2006 No. 55

| (day) | (month (in words)) | (year) |
|-------|--------------------|--------|

Confirmation of main economic activity

| 1. Name of orga | nization | | | | | |
|-------------------------------|--|--|--|--|----------------------------------|--|
| 2. INN | | | | | | |
| | e of registration, registration nun | | | | | |
| 4. Date of comm | nencement of business activity | | | | | |
| 5. Legal address | | | | | | |
| 6. Full name of t | the director | | | | | |
| 7. Full name of t | the chief accountant | | | | | |
| 8. Average numl | ber of employees in the previous | year | | | | |
| 9. Distribution o | f profits and revenues in the prev | vious financial year ¹ : | | | | |
| Code according to OKVED | Description of type of economic activity | Income for each type of economic activity (thousand rubles) | Special purpose receipts and funding (including budge funding, grants, etc.) (thousand rubles) | Share of profits and receipts corresponding to OKVED code for this type of economic activity in the total amount of profits and receipts (%) | Number of employees ² | |
| 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | |
| | | | | | | |
| Total: | | | | 100% | | |
| ¹ To be completed | based on financial statements for pre by non-commercial organizations of the main type of economic act | | | | | |
| Director | | | (sign | nature) | (print name) | |
| Chief Accountant | | | | (signature) | | |

Stamp here